

ST. LOUIS COUNTY

Medical/Dental/Life – Rates Effective 1/1/2016

I St. Louis County Comprehensive Major Medical with \$21.94 Add'l Employee Share

	ER Share <u>Single</u>	ER Share <u>Dep. Cvg.</u>	Total <u>ER Share</u>	EE Share <u>Dep. Cvg</u>	Add'l <u>EE Share</u>	Total <u>EE Share</u>	Total Cost of <u>Coverage</u>
Single:	\$690.82	+ \$ 0.00	= \$ 690.82	+ \$ 0.00	+ \$21.94	= \$ 21.94	\$ 712.76
Family 80/20:	\$690.82	+ \$754.11	= \$1,444.93	+ \$188.53	+ \$21.94	= \$210.47	\$1,655.40

Dependent Coverage Shares by Bargaining Unit
80 /20
 Teamsters Unit

II St. Louis County Comprehensive Major Medical with \$37.72 Add'l Employee

	ER Share <u>Single</u>	ER Share <u>Dep. Cvg.</u>	Total <u>ER Share</u>	EE Share <u>Dep. Cvg</u>	Add'l <u>EE Share</u>	Total <u>EE Share</u>	Total Cost of <u>Coverage</u>
Single:	\$648.19	+ \$ 0.00	= \$ 648.19	+ \$ 0.00	+ \$37.72	= \$ 37.72	\$ 685.91
Family 80/20:	\$648.19	+ \$754.11	= \$1,402.30	+ \$188.53	+ \$37.72	= \$226.25	\$1,628.55
Family 70/30:	\$648.19	+ \$659.85	= \$1,308.04	+ \$282.79	+ \$37.72	= \$320.51	\$1,628.55

Single/Dependent Coverage Shares by Unit

<u>80/20</u>	<u>70/30</u>
C.S. Basic Unit	Merit System Basic Unit
Unrepresented Employees	Merit System Supervisory Unit
County Commissioners	Confidential Employees
MN Courts AFSCME	C.S. Supervisors
ARC Directors	Jail/911
ARC Basic Unit	Deputy Sheriffs
ARC Confidential Unit	Deputy Sheriff Supervisors
ARC Supervisory Unit	Unclassified Attorney Investigators
ARC Essential Unit	Unclassified Attorneys
	Management Comp
	MN Courts Executive

III Employee Dental - Delta Dental

\$37.66

IV Dependent Dental

\$45.35 - Adult
 \$31.30 - One Child
 \$79.70 – Family (2+ dependents)

VI Employee Life Insurance

\$0.11 - per \$1,000. in coverage

VII COBRA

St. Louis County Comprehensive Major Medical-Teamsters	\$727.01	Single	\$1,688.51	Family
St. Louis County Comprehensive Major Medical-All other employee groups	\$699.63	Single	\$1,661.12	Family
St. Louis County Comprehensive Major Medical-Former Spouse	\$ 33.11	Teamsters	\$ 32.57	All Others
Employee Dental	\$ 38.41			
Dependent Dental – Spouse	\$ 46.26			
Dependent Dental – Former Spouse	\$ 1.59	EE w/family	\$ 45.35	EE w/single
Dependent Dental – One Child	\$ 31.93			
Dependent Dental – Family (2+ dependents)	\$ 81.29			